



## Reducing Back Injury



Back injury is the most common cause of occupational injury for child care providers. you can prevent back injury by using:

- ♦ Proper lifting techniques. Keep the child as close as possible to you and avoid any twisting motion as you lift the child. Always lower the crib side before lifting the child out.
- ♦ Adult furniture. Providers should not use child-sized chairs, tables, or desks.
- ♦ Adult-height changing tables.
- ♦ A ramp or small, stable stepladder or stairs to allow children to climb up to changing tables or other places they would ordinarily be lifted. Constantly supervise children while they are climbing.
- ♦ Convenient equipment for moving children, reducing the necessity for carrying them long distances. For example, using a multi-seat carriage to transport children to a nearby park.
- ♦ Comfortable chairs with back support (rockers, gliders, etc.) for holding children for long periods of time.

Source: The ABC's of Safe and Healthy Child Care, <http://www.cdc.gov/ncidod/hip/abc/practic1.htm>

## What is Shaken Baby Syndrome?

When a baby is vigorously shaken, its head moves back and forth. this whiplash can cause bleeding inside the head and pressure on the brain. Vigorous shaking can also cause brain tissue to tear. How much bleeding and tearing depends on how much and how hard the baby has been shaken. Injury to the brain may be present even without external bruises or cuts.

### Signs of Shaken Baby Syndrome

- ♦ Swelling of the soft spot
- ♦ Irritability
- ♦ Excessive drowsiness
- ♦ Larger than normal head size
- ♦ Seizures
- ♦ Stopped breathing

If signs are present, or if the baby continues to cry for long periods-call the baby's doctor, the local health department or a hospital emergency room.

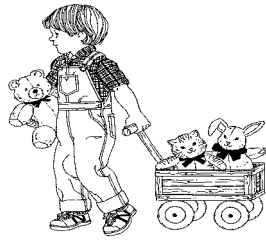
### How Can Shaken Baby Syndrome Be Prevented?

- ♦ Never shake a baby to make it stop crying or coughing.
- ♦ never throw the baby around - even in a playful manner.
- ♦ Always provide support for the baby's head.
- ♦ Learn what to do if the baby won't stop crying.
- ♦ If another adult is present in the home, ask them to watch the baby off a few minutes.



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# Update

Bureau of Child Care Safety & Licensure  
573-751-2450

## CHANGES

**NOTICE:** License-exempt facilities (both religious-operated and nursery schools)

Within the near future, there will be a change in the Bureau of Child Care Safety and Licensure (BCCSL) inspector for your facility in some parts of the state. Currently facilities are inspected by an BCCSL environmental public health specialist (sanitarian). In the future, facilities will be inspected by a child care specialist. However, before this change occurs, BCCSL will notify you by letter announcing your new inspector.

Along with your inspector change, you will also notice a change in the DC-100 License Exempt Health and Safety checklist. The sanitation items will make a major change; it will now be on a separate sanitation checklist. Sanitation items will be checked by either a local health agency or BCCSL environmental public health specialist (sanitarian). The other items on the DC-100 will be checked by the child care specialist. If you have any questions as changes occur, please call your local BCCSL office or the Central Office, (573) 751-2450.

## Your Suggestions, Please!

The Bureau of Child Care Safety and Licensure (BCCSL) welcomes your suggestions to help with developing rules that maximize the health and safety of children when they are in child care!

BCCSL has developed a Rule Revision Suggestion form that will be used to collect suggestions for rules revisions for each type of facility: group child care homes,

child care centers, family child care homes, and license-exempt child care facilities.

Please ask your BCCSL inspector for the form or call your local BCCSL office.

**Mail your completed form to:**

BCCSL  
Department of Health  
P.O. Box 570  
Jefferson City, MO 65102

## Special Thanks to Providers

The BCCSL began annual sanitation inspections in all regulated child care facilities in November 1997. The BCCSL staff expresses their thanks and gratitude to all providers for your patience during the inspections and your dedication to protecting the health and safety of the children in your care. A special thanks is extended to all the family home providers who worked so hard to meet the sanitation requirements and make your first ever sanitation inspection a success.

Over 7,000 inspections and reinspections have been conducted to date by county and city environmental health professionals. The most common corrections needed were:

- Lowering the temperature of

hot water below 120° F at sinks accessible to the children to prevent scalding.

- Obtaining a thermometer for the refrigerator to assure food temperatures are 41°F and below.
- Obtaining test strips to ensure the proper strength of sanitizer is used.

Keep up the good work, and if you don't understand a reason for certain sanitation requirements, please ask your environmental health inspector to explain.

# Seven Highly Effective Habits for Home Food Safety

They're everywhere. They're on your hands, on the kitchen counter, in the air. They're bacteria and other germs that can cause food-borne illness *if food isn't handled properly*. Once a food leaves the grocery store, the consumer becomes an important link in the food safety chain. Keep foods safe by following these seven habits for food safety that were adapted by Alice Henneman of the University of Nebraska Cooperative Extension Service from U.S. Department of Agriculture Food Safety and Inspection Service (FSIS) guidelines and by Dave Bordner, Bureau of Child Care Missouri Department of Health.

## 1. Don't be a dope, wash with soap...

Wash hands with soap and warm water for 20 seconds before and after handling food.

## 2. Make it a law - use the fridge to thaw...

Always thaw or marinate meat, poultry and seafood in the refrigerator, never on the counter.

## 3. Watch that plate, don't cross-contaminate...

Don't let juices from raw meat, poultry or seafood come in contact with foods that have been cooked and are ready to be eaten or with foods that will be eaten raw.

## 4. Cook it right before you take a bite...

Always cook perishable foods thoroughly.

- Ground meats (beef, veal, lamb and pork) cooked to an internal temperature of 155° F.

- All poultry products cooked to an internal temperature of 165° F.

- Cuts of pork cooked to an internal temperature of 150° F. Steaks and roasts cooked to an internal temperature of at least 140° F.

Use a metal stemmed thermometer to assure that meat and poultry have reached a safe internal temperature.

## 5. Hot or cold is how to hold...

Keep hot foods hot cold foods cold. Avoid the *Danger Zone* between 41° and 140° F. Food-borne bacteria multiply rapidly in this *zone*, doubling in number in as little as 20 minutes.

## 6. More than two is bad for you...

Never leave perishable food at room temperature over two hours. The two hour time limit includes preparation time as well as serving time.

## 7. Don't get sick, cool it quick...

Place foods in shallow containers before refrigerating, to make sure all the food cools quickly.



Remember this phrase whenever you have any questions about food safety. If you are unsure if the seven safe food habits have been followed:

**When in doubt,  
throw it out!!!**

# Be Wise Concerning Immunization Requirements

Children attending Missouri child care facilities, caring for 10 or more children, are required by law to be age-appropriately immunized. The required vaccines include diphtheria, tetanus, pertussis (DTP or DTaP); polio; measles, mumps, rubella (MMR); hepatitis B; and *Haemophilus influenzae type b* (Hib).

Parents must furnish the facility administrator with an immunization record indicating the month, day and year of receipt for each vaccine dose. This record is to be maintained by the facility and updated as new immunizations are received.

A child who is not fully immunized may attend only if:

- A) Proof is provided that the child is in the process of completing the immunization(s) based on the recommended immunization schedule. A Department of Health *Immunizations in Progress Form* (Imm P 14\*) must be in the child's file.
- B) A *Medical Immunization Exemption Form* (Imm P 12\*), signed by a licensed doctor of medicine (MD) or doctor of osteopathy (DO), is in child's file stating immunizations would endanger the life or health of the child or that the child has laboratory evidence of immunity to the disease.
- C) A *Parent/Guardian Immunization Exemption Form* (Imm P 11\*) has been completed and placed in the child's file indicating the parent or guardian's objection to immunizing the child.

\* Forms are available from your local public health center or from the Immunization Representatives listed below

Child care administrators are required by law to submit to the Department of Health an annual summary report, by **January 15** each year, of the immunization status of attendees. BCCSL staff will be monitoring the compliance of the rule to submit this report.

The following table provides the immunizations required for child care attendees:

<u>AGE</u>	<u>NUMBER OF DOSES</u>				
	<u>STP/DTaP</u>	<u>Polio</u>	<u>Hepatitis B</u>	<u>Hib</u>	<u>MMR</u>
0-2 months			1		
3-4 months	1	1	1-2	1	
5-6 months	2	2	2 or 3	1 or more*	
7-15 months	3	2	2 or 3	1 or more*	
16-59 months	4	3	3	1 or more*	1**
60 months-kindergarten	4	3	3		1**

\* The last dose in the series must be after 12 months of age.  
 \*\* MMR must be given on or after the first birthday.

**NOTE:** It is recommended (but not required by law), that child care employees be immunized against: measles, mumps, rubella (MMR); tetanus, diphtheria (Td); influenza; and chickenpox (varicella). Child care providers have an increased exposure to these illnesses which are often more severe in adults and can be life threatening. A Td booster is recommended every 10 years. Influenza vaccination is recommended annually for caregivers.

Questions should be directed to the Section of Vaccine-Preventable and Tuberculosis Disease Elimination at 800/699-2313 or to the Immunization Representative in your area:		
Cameron	Frank Woodruff	816/632-2107
Macon	Jerry Glassford	660/385-3125
Jefferson City	Wilhelmina Washington	573/751-4216
Poplar Bluff	Bob Castor	573/840-9720
Springfield	Nancy Minter	417/895-6900
Independence	Rhonda Luther	816/325-6100
St. Louis	Cindy Butler	314/877-2800
	Faye Bates	
	Grace Speer	

# When is a child too sick to be in child care?

## Guidelines for writing policy

Child Care Health and Safety Consultants like Vikki Breeden, Community Health Nurse II in the Crawford County Health Department, have been conducting trainings to assist caregivers writing policies that address when children are too sick to be in child care.

Vikki stresses the importance of using the information from your licensing rules (detailed in the box below) as you begin writing your facility's policy. Another resource she recommends is *Model Child Care Health Policies, Third Edition*, by the Pennsylvania Chapter of the American Academy of Pediatrics. Vikki states, "This book is the best \$5.00 investment we ever made." (Copies can be ordered from the National Association for the Education of Young Children 800-424-2460 or American Academy of Pediatrics 800-433-9016).

Children do get sick despite all our best efforts to keep them healthy. It is important for child care

facilities to have a clear policy outlining what the facility will do and what the parent should do if the child becomes ill when in care.

### **Caregivers' responsibilities include:**

- Give a copy of your policy to parents/guardians when a child is enrolled.
- Help the parent/guardian with suggestions for alternative care when their child is too ill to be in your care.
- Clearly communicate when the child is too ill to attend child care.

### **Parents' responsibilities include:**

- Provide up-to-date emergency phone numbers.
- Promptly pick up their ill child.
- Consult with their family physician about diagnosis and care. Be sure to ask the doctor to share if there are any concerns for the other children in child care.
- Have alternate care plans in place to help make this situation less stressful when a child is ill.

### **If children exhibit any of the following symptoms, they must be sent home:**

- Diarrhea—more than one runny, watery, or bloody stool.
- Severe coughing—child gets red or blue in the face or makes high-pitched whooping sound after coughing.
- Difficult or rapid breathing (especially in infants under six months).
- Yellowish skin or eyes.
- Body rash with fever.
- Pinkeye—tears, redness of the eyelid lining, irritation, followed by swelling or discharge of pus.
- Unusual spots or rashes.
- Sore throat or trouble swallowing.
- An infected skin patch(es)—crusty, bright yellow, dry or gummy areas of the skin.
- Unusually dark, tea-colored urine.
- Grey or white stool.
- Fever over 100° F by mouth or 99° F under the arm.
- Headache and stiff neck.
- Vomiting more than once.
- Severe itching of the body or scalp or scratching of the scalp—may be symptoms of lice.

### **If you see symptoms requiring removal of a child from your child care setting, you should:**

- Immediately separate the child from the other children.
- Contact the parents to pick up the child.
- Continue to observe the child for other symptoms.
- If child does not respond to you, is having trouble breathing, or is having a convulsion, call 911.

For more information, call your local health department for the name of the Child Care Health and Safety Consultant in your area. For additional information, check out the *ABC's of Safe and Healthy Child Care* at <http://www.cdc.gov/ncidod/hip/abc/>

# Spudlicious

One potato, two potato, three potato, four...serve them baked potatoes and the crowd may ask for more! The simple lunch menu that follows is a fun change of pace and could be incorporated into a lesson plan involving potatoes. Try playing hot potato and making potato (or sponge) prints. If you have Internet access check out the Idaho Potato Commission at [www.potatoes.org](http://www.potatoes.org). This site provides tips on storage, purchasing, and preparation of potatoes. There are also recipes for children and an educational program, "From Farm To Fork with Idaho Jones," that explains where food comes from. The activities are recommended for children kindergarten to third grade, but could be adapted for younger groups and can be printed from their site.



## Spudlicious Menu\*

- 1/2 medium baked potato
- 1 ounce chopped ham
- 1/2 ounce grated cheese
- 1/4 cup fresh fruit salad
- 1 slice toasted French bread
- 3/4 cup milk

Allow children to dress their own potato. Try offering these or other toppings on the side: butter or margarine, lowfat ranch dressing or sour cream, chopped tomatoes or broccoli, chopped green onions, salsa, bacon bits.

\*(Meets the CACFP meal pattern requirements for children 3-5 years)

# The GROWING Game

**Purpose:** To learn that food is needed for growth

**Supplies:** Pictures of food and nonfood items (use magazine pictures, real items, toys, or food models.)

**What to say and do:** Explain to the children that you will be showing them 10 pictures. Some will be food and some will be nonfood items. You will vary these as they are shown.



Arrange the children in crouching positions with an arm length between each child. Tell the children they are to rise slightly when you show a food and they are not to rise at all when a nonfood item is shown. You may want to demonstrate.

If a child rises when a nonfood item is shown, he/she must go back to the starting position. See who can grow very tall first.

Adapted from: *The Food and Nutrition Idea Book*, Nebraska Nutrition Education and Training.

# Promoting Health and Safety of the Children in Our Communities

Donna Pinner, a registered nurse and child care health & safety consultant at Butler Health Department, attended a birthday party for her grandsons at a McDonald's restaurant. Balloons were tied to the back of each child's chair as a party favor. She observed that the balloons each contained a white plastic device used for inflating them. Children untied the balloons and burst them so that pieces were everywhere. Some of the children put the balloon fragments and the plastic pieces into their mouths.

Donna observed that the small pieces and the inflation devices could easily be a choking hazard for small children. She wrote to the owner of the franchise and suggested that they provide mylar balloons instead of latex ones. Mylar balloons self-seal when inflated and don't require the plastic device for inflating, which

would reduce the chances of children choking.

Donna also sent them a copy of the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report (MMWR), December 1997, Toy-Related Injuries article that described several balloon choking fatalities. The owner of the restaurant where the incident occurred did not respond, but Donna received the following response from the owner of a McDonald's in her home town:



*August 15, 1998*

*Dear Ms. Pinner,*

*Thank you for writing me of your concerns about the safety of our balloons, I appreciate your interests and am passing this on to my fellow operators as well as the St. Louis Regional Office.*

*Safety is always a major concern for our customers, especially the little ones. We want our customers to be safe and until you brought this to our attention we didn't realize that balloons were a danger, for this reason we have discontinued using these balloons in our restaurants which include Poplar Bluff, Dexter and Malden. My son, Steve Sells also wanted me to let you know he will not be using them in Doniphan, either. Again, thank you for bringing this to my attention and if you ever have any other concerns, please feel free to contact me.*

*Thank You,  
Ron Sells  
Owner/Operator*

Way to go, Donna! The voice of one can make a difference for the health and safety of our children.

# Children Learn to Buckle Up!

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Children in Camden County child care facilities have witnessed what happens to Margaret Rose and Reckless Charlie. According to Dottie Foust, RN, CHNII, “we made two cars with an egg in each seat. Margaret Rose is strapped in her car while Reckless Charlie is not. We run the cars, one at a time, down a ramp to hit a wall. Margaret Rose stays in her seat, but Reckless Charlie hits the wall, falls out and cracks. The activity really gets the children’s attention.” The demonstration is part of the Seat Belt Safety Program conducted by the Camden County Health Department’s health and safety consultant.

Younger children who require child safety seats may be included in the programs, but the 45 minute session is geared for four to six-year-olds who should ride in the back seat buckled up. Nurses show the children how to buckle up by attaching a seat belt to a chair so each child can practice buckling up. Children are awarded a *Seat Belt Patrol* sticker after the program.



In addition to the Seat Belt Safety sessions, the Camden County Health Department’s staff recently offered its first 6-hour training session for child care providers. The training included:

- Nutrition basics,
- How to recognize child abuse and neglect,
- Care of children with asthma,
- Communicable diseases,
- Diapering and hand washing, and
- Health and safety in child care.

Contact your local health department for the name of the child care health and safety consultant serving your area. A variety of programs are available free of charge.

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To file a complaint, write to the Secretary of Agriculture, Washington, D.C. 20250

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health, Bureau of Nutrition and Child Care Programs, P.O. Box 570, Jefferson City, MO 65102, 800-733-6251.

Hearing impaired citizens telephone 1-800-735-2966. EEO/AAP services provided on a nondiscriminatory basis.